

**PUBLIC INFORMATION & COMMUNICATION SERVICES (PICS)
NIH - TASK ORDER**

RFTOP#170

TITLE: Writing/Analysis Support for the DCLG Online Facilitated Dialogue

PART I – REQUEST FOR TASK ORDER (TO) PROPOSALS

A. POINT OF CONTACT NAME: Anthony Revenis

Phone: 301-402-3073

Fax: 301-435-6101

Proposal Address:

6011 Executive Blvd., Room 529S
Rockville, MD 20892-7663

Billing Address:

Accounts Payable, OFM, NIH
Bldg. 31; Rm. B1B39
Bethesda, MD 20892-2045

B. PROPOSED PERIOD OF PERFORMANCE

One year from date of award (target date of award is May, 2004). The award will be renewable for up to four option years. Proposals will not be evaluated based on this possible additional work.

C. PRICING METHOD

Labor Hour. Please propose a fully loaded fixed hourly rate for your proposed individual. Also propose minimum and maximum number of hours per week. Currently available funding for this project is limited to \$58,000. The budget may be expanded as necessary either before or upon renewal of the task order for the four option years, as needed. A firm that is able to complete this project for less than that amount is invited to propose a lower price for the successful execution of this task. If a firm determines that the budget amount is insufficient, they should advise how best to spend this amount and how much more is required to fully meet the objectives. Price will be a consideration in the determination of the firm that is selected for award.

D. PROPOSAL INSTRUCTIONS

Proposals should be submitted by e-mail to the above POC. Proposals should not exceed 20 pages (excluding resumes and references).

E. RESPONSE DUE DATE

Proposals due April 22, 2004 at 10:00 AM local NIH time.

F. TASK DESCRIPTION:

BACKGROUND

The National Cancer Institute (NCI) is a component of the National Institutes of Health (NIH), one of eight agencies that compose the Public Health Service (PHS) in the Department of Health and Human Services (DHHS). In order to accomplish its mission to reduce the burden of cancer morbidity and mortality, and ultimately to prevent the disease, NCI supports a broad range of programs in basic and clinical biomedical and behavioral research and training. These include programs to understand the causes of cancer; prevent, detect, diagnose, treat, and control cancer; and disseminate information to the practitioner, patient and public.

In carrying out these programs, the NCI divisions and offices frequently work with consumer advocacy organizations, scientific and professional societies, and other Federal agencies. The Office of Liaison Activities (OLA) was established in 1996 to serve as the central point of contact at NCI for these key constituents of NCI. The office is responsible for communicating, cooperating, and collaborating with these groups to promote common goals. OLA supports two programs that involve consumer advocates in NCI programs and planning. One of them is the Director's Consumer Liaison Group (DCLG), which is an all-consumer advisory body that was established in December of 1997.

The Director's Consumer Liaison Group is a federally chartered advisory board that makes recommendations to the Director of NCI from the consumer advocate perspective on a wide variety of issues, programs, and research priorities. The DCLG consists of 15 consumer advocates who are involved in cancer advocacy. They reflect the diversity among those whose lives are affected by cancer. DCLG members are appointed for two, three-year or four-year terms. DCLG members meet twice a year in the Washington, D.C. area and through multiple telephone conferences.

There are three purposes of the DCLG. First, they develop and establish processes, mechanisms, and criteria for identifying appropriate consumer advocates to serve on a variety of program and policy advisory committees responsible for advancing the mission of the NCI. Second, they serve as a primary forum to discuss issues and concerns and exchanges viewpoints that are important to the broad development of NCI program and research priorities. Lastly, they establish and maintain strong collaboration between NCI and the cancer advocacy community to reach common goals.

In a recent survey of the Cancer Advocacy Community (CAC), 54% of respondents said that the DCLG should focus on enhancing collaboration between NCI and the community. In response to the survey and in order to accomplish this, NCI and the DCLG created the DCLG Working Group to Facilitate Dialogue. The working group proposes several ways for the DCLG to expand collaboration and communication, one of which is related to this contract.

The first is a two-part Web site to facilitate dialogue with the cancer advocacy community – one section would allow NCI and the advocacy community to present information for comment on by advocacy organizations, and the other would be a site where the public can comment on the same information. This Web site would become an online community for advocates and NCI to

exchange information and perspective and would be a vital part of NCI's ongoing dialogue with advocates. In both areas of the Web site, DCLG will play a vital role in the dialogue.

The first part of the Web site would enable ongoing transparent, democratic, moderated conversations between community organizations and NCI on issues of mutual importance. This portion of the Web site will feature statements (e.g., draft strategy documents, issues, questions) posted by either NCI or the cancer advocacy community (CAC) (via the DCLG) for comment by members of eligible advocacy organizations. When NCI or the DCLG posts a statement for feedback, advocacy organizations will have a period of time (such as four weeks) to submit their comments. Submissions will be made in a transparent manner in that members of the public can view them. Only registered members, whom in this case are from eligible organizations, will be allowed to post comments.

All comments will be summarized (by the proposed contractor), with approval and input from the DCLG and the NCI. The summary would be posted back to the Web site. NCI would respond within a period of time (such as one to three months) with a statement that explains what actions NCI will (or will not) take as a result of the feedback. While NCI is responding to the summary, the Web site would continue to be open; however, these comments would not be added to the summary being prepared by the contractor.

The second site is where the public could discuss the same questions posed to advocacy organizations (on the first site). This site would be where more informal conversations and exchanges might take place. This part of the Web site would also allow the DCLG and NCI to "take the pulse" of the community at large by observing the transparent, uncensored and democratic nature of the online discussion.

No registration would be required to read messages in either forum; both would be open to public browsing. However, registration would be required in order to post messages or to receive e-mail notifications of new material posted in the forums.

For the first part of the Web site, eligible advocacy organizations would register to participate in discussions. Initially, these would consist of the approximately 150 advocacy organizations that were surveyed by the DCLG and NCI in 2003. Later, NCI would establish a mechanism to increase the number of organizations that are eligible to participate. It is currently estimated that each of the 150 advocacy organizations would post 3 comments for a total of 450 comments for every statement posted by either NCI or CAC. For the first year, the total number of statements that will be posted is anticipated to be 1 statement each month for a total of 12 statements. The number of statements posted may fluctuate. Thus, there may be more comments to review.

A Contractor is needed for the first site whose audience is advocacy organizations. After a certain period of time (designated by NCI), the Contractor will be responsible for reading, reviewing, categorizing and summarizing the comments provided by all parties. Initial statement summaries may include, but not be limited to, an executive summary ranging from 1 to 3 pages in length, a categorization of how comments fell out including any quantification possible; recommended actions derived from the postings, and a summary of any queries NCI should address in responding to the postings. The initial summary produced by the Contractor will be reviewed by NCI and the DCLG and feedback will be provided by those parties to the contractor. Thus, several revisions of the summary may be necessary before a final summary is submitted to NCI to post on the Web site. All revisions should be completed and submitted to NCI within 2 to 3 business days of receiving feedback on the initial summary. Comments received on the public portion of the website will not be summarized.

Task Description:

The purpose of this Task Order is to obtain contract support for the NCI and the DCLG, so the comments made to the web site geared towards advocacy organizations are analyzed and summarized so that they can be digested by NCI staff and advocates alike. The scope of this task is for one individual (and a backup?) with sufficient experience that s/he does not require extensive oversight from additional staff members in the vendor's organization.

The Contractor will be responsible for the following:

- Reading, analyzing and categorizing comments posted to the Facilitated Dialogue web site (In the future, it is possible that comments might be summarized for the other Web site where the public can comment, but this would be accomplished through a contract modification).
- Writing summaries of the comments for NCI staff to review.
- Incorporating feedback from the NCI project officer and a DCLG member and making up to three revisions.
- Preparing a final summary.

Qualifications

The Contractor must have the following minimum qualifications:

- Strong writing skills
- Ability to evaluate comments and effectively abstract main points into a clearly written summary
- Familiarity with the cancer advocacy community
- A Master's degree or equivalent work experience in public health, health communication, or related field

G. EVALUATION FACTORS**Evaluation Criteria**

Technical Proposal: (30 points) The vendor demonstrates a clear understanding of the requirements and tasks in this SOW and provides a clear statement of how they will be performed.

Proposed Personnel and Quality of Work: (35 points) Submit the credentials for each individual proposed to complete the required work. Each proposal should include information on the aforementioned qualifications and the following evaluation criteria: relevant experience, education/training, familiarity with analysis and written reviews, and quality and depth of experience on similar projects.

Price: (35 points) Price will be an important evaluation factor. Proposed prices will be considered in determining the firm that represents the best value to the Government. The vendor should submit a budget table indicating the proposed contractor(s) to complete the tasks as well as hourly pay rates.

Task Order # NICS-170

TITLE: Writing/Analysis Support for the DCLG Online Facilitated Dialogue

PART II - CONTRACTOR'S REPLY: CONTRACT # _____

Contractor:

Points of Contact:

Phone-

Fax-

Address:

TOTAL ESTIMATED COST:

Pricing Method: LH

TOTAL ESTIMATED NUMBER OF HOURS:

PROPOSED COMPLETION DATE:

FOR THE CONTRACTOR: _____

Signature

Date

SOURCE SELECTION:

WE HAVE REVIEWED ALL SUBMITTED PROPOSALS HAVE DETERMINED THIS FIRM
SUBMITTED THE BEST OVERALL PROPOSAL AND THE PRICE/COST IS REASONABLE.

Billing Reference # _____

Appropriations Data: _____

RECOMMENDED:

FAX #

Signature - Project Officer

Date

APPROVED: _____

FAX #

Signature - Contracting Officer

Date

NIH APPROVAL -

CONTRACTOR SHALL NOT EXCEED THE ESTIMATED LABOR HOURS OR ESTIMATED
TASK ORDER AMOUNT WITHOUT THE WRITTEN APPROVAL OF THE CONTRACTING
OFFICER & PICS COORDINATOR

APPROVED: _____

FAX 301-435-6101 Signature -Anthony M. Revenis, J.D., NIH-PICS Coordinator

Date